

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11424

State File No. _____

FILED MAY 10 1955

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>DALLAS 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Ventura</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUFFALO RR 3 mi SW</u>		c. CITY OR TOWN <u>Fillmore</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>08240</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Benton Truse</u>		e. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>EMMETT</u> c. (Last) <u>MAIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-1955</u>	
5. SEX <u>Male</u>	6. COLOR, OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3-21-1889</u>
9. AGE (In years last birthday) <u>66</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	# UNDER 100 HOURS Hours <u>1</u> Min. <u>0</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rancher</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.Sa</u>
13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>550-46-1033</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gene Sargent</u> ADDRESS <u>Fillmore</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Lethargic Encephalitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Revere sinus infection</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>082X</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased on May 1, 1955, to _____, 19____, that I last saw the deceased alive on 5-1-55, 1955, and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Stephener MCT</u>	23b. ADDRESS <u>Buffalo MO</u>	23c. DATE SIGNED <u>5-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-3-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore Calif</u>
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DATE REC'D BY LOCAL REG. <u>5-4-55</u>	REGISTRAR'S SIGNATURE <u>Gran Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L B Jones</u> ADDRESS <u>Buffalo Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leonard Jones*

Licensed Embalmer No. *2500*

P. O. Address *Buffalo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.